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Non-governmental organisations (NGOs) feature prominently in global health and development discourses. Such discourses often assume that NGOs provide a supplement to, and critical engagement with, struggling government health care systems. In contrast, interviews and ethnography with patients, health care providers, and NGO workers in Kebbi State, Nigeria, suggest a more problematic mode of state/NGO interaction.

Focusing on larger NGOs, this research suggests that they are often politically impotent, a product of both a difficult political environment and their own inflexibility. In contrast, medical professionals are pursuing many of the same political goals with considerable success. The benefits and compromises of these contrasting strategies are explored. This article also offers an empirical contribution to debates on working 'with the grain' of patrimonial politics as an alternative to the 'good governance' agenda.

Keywords: NGOs; patrimonialism; Nigeria; development; prebendalism

Introduction

Development been described as a story of initial optimism, followed by disappointment (Escobar 1994). Non-governmental organisations (NGOs) have followed a similar trajectory. Much development studies scholarship has attempted to describe, promote, condemn, improve or leave behind this diverse class of organisations (for instance, Igoe and Kelsall 2005). The notion that NGOs are uniquely placed to do certain kinds of development work has been tarnished, yet they continue to control significant resources.

Meanwhile, a broad range of scholarship has discussed the various features of Nigeria's political landscape, often emphasising factors that perpetuate underdevelopment and poverty. Nigeria's 'intense ethnic polarisation and conflict' (Mustapha 2005, 4), and its 'swelling state, feeding political corruption and instability' (Diamond 1988, 33) have created a situation in which 'routine relationships between the state and society [are]…dominated by discourses on the illegitimacy of instrumentalized distribution and disorder' (Gore and Pratten 2003, 212).

Amid declining confidence in some of the key institutions of development and unpromising political contexts such as Nigeria, some actors have called for a more flexible approach, particularly regarding the necessity of 'good government' for development (Hickey 2012). Scholars such as those working at the 'Africa Power and Politics Centre' have made important progress in exploring what 'development patrimonialism' and working 'with the grain' might entail (e.g. Kelsall 2008, 2011; Crook and Booth 2011; Booth and Golooba-Mutebi 2012). In short, these scholars have argued that certain forms of governance and accountability in sub-Saharan Africa that diverge from Western ideals persist. Given their apparent durability, development

actors are obliged, so the argument goes, to work within rather than against such norms. Much work, however, remains to be done in elaborating what these ideas might mean in practice.

This paper is a review of and empirical contribution to these debates. It presents case studies that contrast different approaches to dealing with one manifestation of Nigeria's political arrangements. In Kebbi state, in North-West Nigeria, the political activities of a large international NGO and medical professionals are described, demonstrating their broadly similar political agendas. Both are attempting to cajole the state government into reforming health care provision, yet they do so with strikingly different tactics and results.

The medical professionals are shown to be skilled political operators, able to use a variety of techniques to extract significant changes from the local government – though not without some awkward compromises. In contrast, the NGO struggles to make the best of its capacity, as it is tied to a set of inflexible and ineffective tactics in its programmes and advocacy.

These case studies suggest that the debate about going 'with the grain' needs to be mindful of both the deep level of expertise that it is often required to effectively engage with patrimonial states, and the substantial practical and moral risks involved in building partnerships with deeply undemocratic and inequitable systems of government.

The State NGOs Are In

NGOs operating in Kebbi state do so in a specific political context. The premise of this analysis is that the ability and the willingness to adapt to this context is a key

determinant of how influential NGOs can be. Here, conceptual debates about how to describe the patron-client relations in Africa are discussed, as are the specific concepts that are most useful in describing Nigeria's political system. In addition, some salient aspects of Kebbi's recent history are presented. Then, debates about the role NGOs play in Africa are reviewed.

Patrons and clients in Africa

Scholars – especially but not exclusively Africanists – in describing political systems that diverge from Western ideals have developed a set of related, overlapping and sometimes muddled terms, including: 'clientism', 'patrimonialism', 'neo-patrimonialism', 'prebendalism', 'Big Man politics' and 'godfatherism' (for useful overviews, Pitcher et al. 2009).

Whilst these concepts have appeared in various guises and emphasise different issues, they all attempt to describe societies that feature both legal-rational forms of government and the informal distribution of patronage by public office holders. Virtually any society matches this description to some extent, but especially so, it is argued, in many postcolonial African states where formal institutions often lack legitimacy (Englebert 2000).

However, many of these concepts have been strongly challenged. It has been argued that neo-patrimonialism has been applied to so many different cases that it becomes a 'catch all' term with "little analytical content" (Mkandawire 2013, 6); that it is part of an anti-government neoliberal project; or an Afro-pessimist tradition that revels in the misery of the continent (see Erdmann and Engel 2007, and deGrassi 2008, for

summaries of these debates). In particular, discussing African corruption and clientelism risks describing social relationships in highly normative, ethnocentric terms, a problem which more universal, neutral terms like 'neopatrimonial' only partly avoid (Blundo 2006, 22; Booth 2009, 9-18).

Furthermore, it has been argued that the concept is often invoked abstractly, without sufficient empirical grounding. Jean-Francois Bayart, one of the most influential Africanist theorists of corruption, has rightly been taken to task for his tendency to assert "definitive positions despite the flimsy evidential material at his disposal", and "to parade innuendo and hearsay as facts" (Mustapha 2002, 3).

Patrimonialism in Nigeria

Consequently, if these concepts are to be invoked at all, it is essential that they are used with precision and with empirical grounding. Daniel Jordan Smith is surely correct when he argues that in Nigeria, "navigating corruption preoccupies people in all kinds of everyday endeavours, and talk about corruption dominates popular discourse" (2007, xiv). Yet these observations are the beginning of an enquiry, not the end, and care must be taken to properly conceptualise and empirically validate such observations.

For this study, it is essential to analyse patrimonialism not merely as a dysfunctional appendage to society, but instead part of "ordinary forms of sociability" (Blundo and Olivier de Sardan 2006, 8); not merely as a form of occasional criminal deviance, but instead a practice "at the core of relations between public services and their users" (ibid, 4). Even legal systems, seemingly at odds with practices of informal patrimony, become shaped by them; as Nuijten and Anders argue " corruption and law are not opposites but constitutive of one another" (2007, 2).

Richard Joseph's concept of 'prebendalism' (1987) also takes this approach, and is a useful model for this study. Joseph's formulation describes not only the exploitation of public positions by their incumbents, but also the extensive legitimating practices in which "the appropriation of such offices is not just an act of individual greed or ambition but concurrently the satisfaction of the short-term objectives of a subset of the general population" (ibid, 67).

Further, he shows how Nigeria's complex and politicised ethnic groupings, its elections, and the distribution of patrimony are mutually reinforcing parts of the same system (ibid, esp. 30-54). Once the practice of dispensing wealth to secure political support – patrimonialism (or the same, but concealed behind a modern institutional façade – neo-patrimonialism) is conceptualised as part of a broader political system, important insights become visible. In particular, it emphasises that office-holders must at least "appear [to be] responsive to the wishes of wider sets of people" (ibid, 54). This is a crucial opening that, as we shall see, some groups exploit more effectively than others.

If a patrimonial system is indeed pervasive and embedded, political actors might well determine that accommodation is better than confrontation. Tim Kelsall's formulation of working "with the grain" (2008; 2011) is a challenge to development actors to move beyond 'good government' orthodoxies and instead "work with the realities of country governance as they find them" (Crook and Booth 2011, 101). Booth and Golooba-Mutebi's on Rwanda's "development patrimonial state" (2012) and Alemu and Scoones' on rural development in Ethiopia (2013) both express qualified enthusiasm for such strategies.

However, Kelsall's approach raises various questions (many of which, to his credit, he anticipates), from the exact nature of the 'grain' in question, as to what kinds of compromises and trade-offs might be involved. Exploring the latter, Lisa Denney argues that recent engagements with chiefs in Sierra Leone is a promising avenue towards security sector reform, but one fraught with complications and risk when such institutions are "characterised by inequitable and exploitative practices, recognised by many as a contributing cause of the civil war, yet simultaneously supported by its subjects" (2013, 14).

If accommodating patrimonial systems is to be a significant part of working 'with the grain', much exploration of the promises and pitfalls to this approach needs to be done. This study, then, is an assessment of how two particular sets of actors engage with an existing political order. An analysis of their successes, failures and compromises is a way of thinking through the possibilities and limitations of such strategies.

Violent repression

Nigeria became infamous for its violent repression during the Abacha administration (1993-8), not least for the execution of activist Ken Saro-Wiwa in 1995. While things have undoubtedly improved since the return to democracy in 1999, the Federal and State governments[1] nonetheless retain a tendency to intimidate and attack its citizens. Particularly useful for documenting these trends are reports of Human Rights Watch,

[1] Nigeria is divided into 36 states, which are in turn sub-divided into Local Government Areas. All three levels of government interact with NGOs and are involved in health-care provision, but the intermediate level of state government is of most relevance to this study.

which distil a range of newspaper and primary sources topics such as the indirect use of vigilante groups in political struggles (2002), the impunity with which security forces maim and injure (2005, 2012), and the relationship between politics, corruption and violence more generally (2003, 2007).

Other issues complicating political advocacy include the long-running conflict in the Niger Delta, a complex series of clashes involving a diverse range of state and non-state groups bound together in an 'informal economy of violence' (Ibeanu and Luckham 2007, 43), and the violent Islamist attacks and equally violent state response (Adesoji 2011).

In short, parts of the Nigerian state are willing to use or incite violence against perceived threats. It should also be noted that NGOs are by no means excluded from these intimidatory techniques: in 2007, two staff members from ActionAid were detained by the State Security Service (a domestic intelligence agency) in Kebbi, in connection with their role in a campaign against water privatization (see *Daily Trust* 2007). Another example of a police/NGO struggle involves a campaign against child-witchcraft related abuse (see SSNCEF 2010).

This is not to suggest that corruption and violent repression are essential or timeless features of Nigeria. Indeed, Nigeria has experienced rapid change and repeated upheaval in its recent history – decolonisation followed alternating periods of democracy and dictatorship, with successful military coups taking place in 1966, 1975, 1983, 1985 and 1993 (Falola and Heaton 2008, xiii- xviii has a useful chronology), a civil war in 1967-70, and numerous conflicts, often along ethnic and religious lines (see

Sklar 1963 for an early account of these dynamics, or Falola 1998 and Higazi 2008 for more recent examples).

Despite these disruptive trends, patrimonialism and violent repression are notable constants in recent decades. Given that the Nigerian state is prone to using patrimony to pacify certain constituencies, and violence to repress others, advocates of social and political change have to carefully navigate their relationship with the state and employ innovative strategies in order to achieve their goals.

Politics in Kebbi

These specifically Nigerian forms of politics find a particular local articulation in the region of this study. Kebbi is a new state, created out of the old Sokoto state in 1991. With a population of 3.2 million, and a predominantly agricultural economy, Kebbi, and indeed the North in general has long been poor – both in absolute terms, and relative to the rest of Nigeria. Health services are severely limited, and diseases of poverty are common. Official statistics show that 53% of children in the North-West sub-region are classified as stunted (a symptom of malnutrition), and a mere 6% have received all the basic vaccinations (NPC and ICF Macro 2009).

As a consequence of this poverty, a number of development organisations are active in Kebbi. Additionally, the conservative Islamic politics of Northern Nigeria have significance for development actors. Since twelve Northern states declared a version of Sharia Law in 1999, there has been considerable concern that the region "could become an incubating site for militant Islam and possibly terrorism" (Obi 2006, 99). Boko Haram, the violent, fundamentalist Islamist group, "has managed to attract considerable popular support in northern Nigeria despite harsh police and army repression"

(Loimeier 2012, 138). For Western governments, this deteriorating situation has been made addressing poverty in the region a priority. For instance, the UK government's Department for International Development's plan argues, "progress in northern Nigeria will help regional stability across the Sahel, where the potential for terrorism is a concern" (DFID 2009, 3).

Kebbi's status as a relatively new state also has a bearing on this study. The process of establishing the new state's government was highly disruptive, requiring the establishment of a whole range of new bureaucracies, and the relocation of 70% of the previously Sokoto-based staff responsible for administering Kebbi to the new capital, Birnin Kebbi (Alapiki 2005, 63). Despite the considerable challenges in effectively governing this new, poor, and sparsely populated region, many interviewees in this research emphasized that 'Birnin Kebbi is a small town'. That is to say, a closely connected elite dominates senior positions, and whilst formal bureaucracies are often dysfunctional, those with grievances or requests – at very least the heads of well-known families in good-standing – are usually able to secure an audience with the relevant official relatively quickly. The interpersonal quality of governance in Kebbi state and its consequences will be explored further below.

NGOs

The story of NGOs in development is by now a familiar one: a surge of enthusiasm and activity in the 1990s, followed by a backlash of scepticism (Igoe and Kelsall 2005)**.** NGOs have been criticised in a myriad of ways. They have been accused of supporting a neo-liberal agenda (Mohan 2002), and of acting a comprador class "dependent on external resources and patronage" (Hearn 2007, 1107). They have also been criticised as being beholden to Western interests, beset by "structural imbalances that reward

upward accountability [and] encourage limited, problematic forms of participation" (Dixon and McGregor 2011, 1372). Similarly, Reimann argues that NGOs are often too reliant on official funding and cooperation, and thus "politically muzzled…shy[ing] away from any meaningful 'empowerment' activities" (2005, 43). Commins suggests that this muzzling can even result in NGOs acting as "fig-leaves to cover government inaction or indifference to human suffering" (in Pearce 2000, 20). Finally, Dichter argues that NGOs often struggle to sustain a radical or critical orientation, and instead are liable to "act as if they were corporations engaged in the world of commerce" (1999, 52).

Both the technical capabilities and political position of NGOs has been subject to comprehensive criticism. Indeed, the legitimacy and effectiveness of NGOs has even received a degree of popular debate[2]. Given the diversity of organisations calling themselves NGOs, it should not be surprising that such a daunting charge sheet can be assembled. And as Jim Igoe points out, this swing "between exuberance and despair (and sometimes back again)" (2005, xi) has at least as much to do a wildly inflated set of expectations than with the activities of NGOs themselves.

As potent as these criticisms are, they have by no means destroyed the NGO project. Scholars in the last two decades investigated "the zenith of Africa's NGO revolution" (Igoe and Kelsall 2005, 2) and the subsequent disappointments in real-time. In contrast, the last few years have had a somewhat more mundane tenor: few, it seems, give serious credence to the notion of NGOs as dynamic agents of revolutionary

[2] For example, 'NGO hopes to benefit from failure', *Guardian*, 17 January 2011, or a recent BBC World Service series (first broadcast 27 December 2011) 'The Truth About NGOs'.

change. However, despite their credibility being badly wounded, NGOs limp on, and they remain so well entrenched in the development system they not only persist, in many cases, they thrive (Ossewaarde 2008).

Should the development sector, then, be trying to bring to a close the NGO era? Or would it be better to attempt running repairs to a flawed but still useful sector? The case studies presented below suggest there is something to be salvaged from development NGOs. However, in this context at least, they may need to rethink their methods of local political advocacy.

Struggling With the State In Kebbi

Why NGOs struggle to fulfil their political potential is in a large part of consequence of their failure to adapt to local contexts. The two case studies here have been chosen to illustrate this. They emerged from a doctoral research project[3] which began by mapping out which people and institutions are most active in providing support and care for HIV positive people. It quickly became apparent that aside from the families of the affected, the most important actors were government health services and a small group of active NGOs.

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[3] This material was gathered during 16 months of doctoral fieldwork between 2009-2011, in three spells. The fieldwork was principally ethnographic – supplemented by informal interviews – in hospitals, NGOs and various government agencies, as well as in the homes and workplaces of HIV positive people.

Subsequent ethnographic research explored these two groups, which obviously differ in all sorts of ways – the scope and longevity of their interventions, the ways in which they are directed and held to account, the composition of their staff, and so on. Importantly, both the NGO and the doctors acted as advocates for patients, as intermediaries able to urge the government to do more. Both repeatedly cited their mission to speak on behalf of otherwise weak and silenced patients, and both had frequent opportunities to discuss their concerns with the relevant state officials.

Thus, while the two sets of actors are by no means perfectly symmetrical, they occupy a similar position as interlocutors or brokers within the patrimonial state, and both see this form of advocacy as central to their work. The first case study showcases an example of professionals who are skilful in such interactions, and the second is an ethnographic examination of the nature of, and reasons behind, the self-restricting institutional inflexibility of NGOs.

Case Study – Salary reform and medical professionals

In the time I spent working in Kebbi state (which included voluntary work in the HIV sector prior to this research project), the doctors I worked with tended to affect a patrician, paternal, and possessive concern towards *their* patients. As I met with doctors, arranging house visits (during my voluntary work) or asking about a project they were planning, they were often quick to contextualise their work in local politics.

Doctors often offered opinions without prompting on the desperate state of a particular clinic due to the neglect of an official, satisfaction with improvements at another, and comparisons with facilities in neighbouring states. Furthermore, almost every doctor seemed to be in the process of petitioning the state government for support for one

project or another. The causes were various, and covered cases that seemed selfless and others that seemed to involve a measure of personal gain: a plea to improving staffing levels in a maternal clinic or to procure new equipment (perhaps from a supplier acquainted with the doctor).

In conversation, doctors repeatedly emphasised that they were responsible for their patients in a broad sense than included political advocacy as well as clinical care. As the following case study shows, this role involves a combination of sincerity, idealism, and compromise. In early 2010, the Kebbi State Government introduced a new system for paying the salaries of its civil servants. This proved to be a significant controversy, which placed the doctors' role as advocates and brokers at its heart. The state government is a major employer, particularly within the urban centres. This includes teachers, some lecturers, doctors, nurses, as well as various employees of the state's numerous bureaucracies.

The salary change, known as the 'e-payment' system, was introduced by the then Governor Saidu Usman Dakingari, ostensibly to tackle the widespread problem of fraud. It is widely alleged (for instance, *Daily Trust* 2010b, Uchegbu 2011, or more generally in Nigeria; Omotosho 2011) that senior officials packed government payrolls with family members and associates who hold positions but rarely appear at their offices or complete significant tasks. Others simply hired multiple 'ghost employees'[4] – fictitious persons whose salaries flow back to the corrupt official in question. For those

[4] The Hausa phrase '*mai katan jabu*' (fake workers) was often used. Opinions were split as to whether the revised system was a genuine effort to root out corruption, or merely a 'changing of the guard' as new clique took over.

with the clout to set up and conceal them, such scams are highly lucrative – several informants said that such schemes were second only to 'kickbacks'[5] in their profitability.

The reform, which involved centralising salaries rather than allowing individual departments to disburse funds, did not go smoothly. An understated government press release referred to 'problems associated with the exercise', meaning the delay or non-payment of salaries for thousands of workers. In May 2010, some had not received their salaries for several months, and many thousands more have suffered various delays and partial payments, issues that took until early 2011 to fully resolve. Interviewees were unanimous in assigning blame for the problems: powerful officials with a vested interest in seeing the new system fail, and the delays and problems associated were the fruit of their sabotage.

The intricate details of the wrangling matter less than the general issues that the controversy illuminates, especially the manner in which it was resolved. The first is the close relationship between the re-distribution of wealth, and the provision of government jobs. In other contexts, hiring large numbers of workers with little expectation that they will perform useful tasks is an anathema to 'good government', in which 'wasting tax-payers' money' is a grievous sin. Yet the concept of 'tax-payers'

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[5] Fees paid to officials to award contracts to a particular vendor. The scale of such schemes varies enormously. The former governor of Kebbi state was accused of systematic looting amounting to N10.2 billion (approximately US$68m, *Vanguard*, 2009), whereas one doctor mentioned a colleague's rumoured scheme to supply hospital consumables, which was worth only a few dollars a month.

money' relies on the existence of a fiscal social contract in which taxes are paid with the expectation provision of services in return. Such contracts tend to be weaker in countries like Nigeria where taxation is low and much revenue flows from natural resource wealth (Moore and Schneider 2004, especially 6-7).

The problems of poverty and unemployment, especially youth unemployment – are so extreme that hiring workers is seen as an essential duty of the state. Unemployment is also seen as a threat to social order – as one opinion piece in a national newspaper lamented, Governor Dakingari "does not know what to do with huge army of unemployed youth in Kebbi and so they are always available for use in the rising cases of thuggery in the state" (*Daily Trust* 2010a). There is also a strong ethnic dimension to this process: allocating state resources to Hausa individuals and families was seen as an important responsibility – but this topic is outside the scope of this paper.

Thus, the state government framed the 'e-payment' reform not simply as cutting out corrupt middle men, but also making sure that disbursement was 'correct': that is, amongst a broad spread of the right people, rather than a narrow elite. The state commissioner of finance said in a newspaper interview: "I don't think there should be apprehension over the e-payment system because government [sic] intends to introduce it in order to fish out all ghost workers in the government's pay roll and provide security to salaries of civil servants" (*This Day* 2009).

As things started to go wrong and payments were blocked, medical professionals taking industrial action in protest were able to reuse this framing for their own purposes. In both private and semi-public meetings, as well as in press statements, they connected

their payment issues with concerns over a lack of investment in health care, and especially the ability to recruit and retain health care staff. The doctor who chaired the local branch of the Nigerian Medical Association was a key negotiator, and he emphasised to me that "we are all proud people of this state, but so many will be leaving because of the problems [with salaries]".[6] He added that, "Kebbi state has 537 nurses, but up to 80% have [job] interviews at other places [outside the state]".

Despite concerns over the ethics of medical personnel abandoning their posts (Okoye, 2007), such strikes have been common for some time in Nigeria. Alubo's examination of a series of medical strikes in in the 1970s and 80s demonstrates that they were remarkably successful in securing concessions, in part because of "a sense of doctors as 'special'" (1986, 474).

In this case, the ability of medical staff – and especially doctors – to exercise their privileged position appears to be intact. The medical strike in Kebbi – after numerous delays and last-ditch negotiations – began on 27th December 2010 (*Sun* 2010). It only lasted a few days, resulting in at least a partial triumph for the strikers. The details of how this deal was resolved are intriguing. In addition to their statements to news media, the doctors were able to leverage their political connections, not least because many were themselves from prominent families.

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[6] Interview with Dr. Yusuf Sununu, December 14th 2010.

I knew one doctor[7] particularly well, and would often watch satellite TV at his home in the evenings, as we lived in the same housing estate. He always received a steady stream of guests in the evening: colleagues, family friends, and patients seeking out-of-hours advice. For these guests, he always kept a stethoscope and a pad of prescription forms on the table, and a fridge stocked with soft drinks. During the strike, his living room became something of a nerve centre for negotiations. Although the doctor was not an official negotiator, his seniority and political connections made him an important broker.

The tone of these discussions – at least the ones in which I was present - was strikingly cordial. Emissaries from the state government would arrive, and linger over customary greetings in a particularly deliberate fashion – lamenting the recent passing of a mutual acquaintance, or asking in turn about each other's relatives. The content of the discussion too – despite ostensibly being about a deadlocked labour dispute – emphasised consensus.

A shared narrative of health care in the state was often retold – a story I heard again and again in different forms from almost everyone I spoke to. Health care services when Kebbi state was created in 1991 were extremely basic, and had remained parlous for much of the following decade. Significant improvements had been made since then however, and Kebbi citizens took pride in the fact that fewer patients felt the need to travel out-of-state to receive good care.

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[7] As discussed, political disputes in Nigeria can be highly contentious and unpredictable, so the doctors quoted are not identified, with the exception of Dr. Sununu, the union representative, who asked to be identified.

A key bargaining chip for the striking doctors was their ability to either endorse or tarnish this narrative of accomplishment. When I asked one doctor about a negotiation he had attended late the previous evening, he said he had told one of the governor's senior aides that they "always tell people how far we [the people of Kebbi] have come, and how the governor has always been our friend". Within the compliment was an implied threat that the doctors might withdraw their valuable support should the dispute not be satisfactorily resolved.

"We really reach down to the grassroots" said the same doctor. "Everyday at the hospital I see people from every nook and cranny of the state. They are all my people". Like the Malawian civil servants Anders describes, much of the potency of the doctors lies in their ability to manage "widely branching networks; bridging huge differences in social position and location" (2002, 2).

An example of doctors and the state governments were frequently at loggerheads over particular issues, but they shared a strong pride that Kebbi was making great strides forward. Even those doctors who were disappointed with Governor Dakingari and his predecessor Muhammad Adamu Aliero nonetheless tempered their criticism – both in public and private – by acknowledging the progress that had been made.

In this context, a shared loyalty to Kebbi was a powerful motivator. At the end of a long conversation in my doctor friend's living room, mostly in Hausa, a state Ministry of Health official, said to me in English: 'We are not going to any other place, we cannot run away to Lagos or Kano, so we have to make a solution'. In such meetings,

doctors made clear how seriously they viewed the salary problems and other issues, but also emphasised their loyalty to the governor and the state. For example, in one meeting, a doctor made a lengthy speech lamenting the fact that a trial scheme to train traditional birth attendants had petered out, instead of being expanded. The criticism was passionate, but never personalised to a particular official, or indeed the governor. This combination of pressure from an embarrassing disruption in health care services from the strike (especially acute as gubernatorial elections took place four months later, in April 2011) and discreet, non-confrontational lobbying proved highly effective.

A salary deduction that made state employees' net salaries significantly lower than that of comparable Federal Employees – a source of irritation repeatedly mentioned by all strikers – was suspended. 'We have been assured that the demand for reduction on taxation of our members and implementation of policies that would reduce the exodus of medical workers and better conditions of service would be met", said Dr. Sununu in a public statement (*Tide* 2011). One doctor put it more bluntly, echoing a popular sentiment among doctors when saying: 'We got 90% of what we wanted'[8].

The lessons are clear. Medical professionals, and especially doctors, demonstrated that by formatting claims in a particular way, and by using social networks and political expertise sensitively, they were able to extract significant concessions. It is important neither to exaggerate nor to underplay these accomplishments. Their actions involved both challenging the patrimonial system, but also working within it. Doctors emphasised how substantive improvements were necessary, and it was not sufficient to

[8] Interview, January 11th, 2011.

buy-off constituencies with promises to build a new clinic or hospital. Nonetheless, in other ways, they accepted and reaffirmed the logic that the governor's role was to be a provider for his people – and they talked about his 'generosity' and 'kindness'.

This example suggests that when the state government is in one sense resilient and able to partially deflect popular disaffection by making commitments that are partly substantive and partly symbolic. Yet it is a form of resilience which savvy groups are able to exploit.

There is a moral ambivalence to the doctors' role. On the one hand, doctors cannot transform Kebbi's political system, and in many cases work effectively 'with the grain' to encourage incremental improvements. On the other hand, this mode of engagement often brings the doctors into the unenviable position as apologists and defenders of a government that is far from perfect. This is a particularly awkward situation with an issue such as salaries, which inevitably combines altruistic reform with elements of self-interest. The flexible role of the doctors, however, takes on a more respectable sheen compared to the less effective strategy of a large NGO.

Case Study – Health For All

A broad range of NGOs exist in Kebbi state. Even within the thematic area of HIV/AIDS – the focus of my doctoral research – some thirty-eight local organisations are listed as active according to one directory (unpublished document, Civil Society for HIV/AIDS in Nigeria, 16 August 2010). In addition, a number of national and international NGOs work in Kebbi – including well-known organisations such as ActionAid and Médecins Sans Frontières. Small NGOs rooted in a particular place (often called 'community-based organisations') are an intriguing phenomenon but

beyond the scope of this paper. Instead, the focus here is on larger NGOs[9]: typically either international bodies, or at least part of international networks of funding and expertise.

These organisations are uniquely placed to contribute to political, economic and social reform in Kebbi yet are often, by the admission of their own staff, frustrated and marginalised. I studied several such organisations, but the most relevant for this study is an organisation referred to here as Health for All[10] (HFA). HFA works in several African countries, has an office in Nigeria's capital Abuja, and runs programmes in several Nigerian states. Over four months in HFA's Kebbi programme office I sat in on meetings, travelled to visit distant projects and participated in various workshops. In many ways, the organisation met the stereotype of a big international NGO – large white Landcruisers parked in the office's walled-off compound, regular meetings conducted with participatory techniques, and the omni-present development jargon of 'stake-holders' and 'capacity building'.

HFA had a striking concentration of well-qualified and capable staff. Almost all of HFA's employees – even lowly administrative staff and drivers – were graduates, often from Nigeria's most prestigious institutions. Many of the senior staff had studied

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[9] Again, this decision was made following a process of identifying the organisations most prominent in the lives of the HIV+ people that I researched.

[10] The decision to conceal this organisation behind a pseudonym is a difficult one, as identifying it would add useful contextual information. However, given that frank private views are reported it is necessary, as with the doctors, to protect research participants from potential political consequences.

abroad or worked abroad, or were studying expensive postgraduate distance learning courses at British or American universities. Several were qualified and experienced doctors.

Almost all of HFA's staff also shared a passionate and often highly informed interest in politics. Over lunch, on a long drive to a rural clinic, or after work – conversation invariably turned to political issues, discussing both the fates of various local politicians or parties, and making sense of broader issues in Nigerian society. Most were idealistic, and lamented the current state of Nigeria – often saving me a newspaper cutting, or sharing a link to a cartoon on Facebook to make a point.

In short, HFA was staffed by an educational and intellectual elite, voracious in their appetite for political news in all forms, and sophisticated in their understanding of issues. Additionally, the projects that they had been tasked with delivering – a variety of activities related to HIV treatment support – emphasised the need for engagement and advocacy with the state government. The proficiency of this staff, in combination with their access to international capital – that is to say the funding for their project – would seem to make them well placed to engage with the Kebbi state government. HFA staff also had extensive contact with state government officials at a variety of levels. They attended the regular meetings of the State Action Committee on AIDS (SACA), a statutory body responsible for coordinating HIV treatment and prevention. Additionally, HFA ran several projects that took place within state facilities, such as a drop-in counseling service for HIV positive people being run at several regional hospitals, which involved frequent meetings with officials.

Nonetheless, a highly cautious mode of political engagement predominated. In private, HFA staff complained about the state government. Out for drinks after work, the staff would trade stories of the poor condition of a hospital, an incompetent official, or an ill-conceived project. A particularly common complaint was the government's perceived preference for big capital projects like hospital construction – which was seen as both a political strategy to show demonstrable progress, and an opportunity for corruption during the construction process. These eye-catching projects came at the expense – so they argued – of more mundane activities like staff recruitment and training. They also expressed concern that state hospitals were struggling to retain qualified staff, largely due to low wages. In short, HFA staff broadly shared a reform agenda with the medical professionals. They also emphasised their role as advocates on behalf of patients. One HFA officer, a medical doctor, explained why he had chosen to work for an NGO rather than practice medicine: "When I first qualified, the HIV situation was very bad. Patients were afraid to come out, and the government was doing nothing about it. That is why we doctors have to be politicians."

Yet during the meetings they had with senior officials, this zeal for advocacy was conspicuously absent. Pleasantries and mundane procedural issues predominated, and it was clear that certain topics, especially corruption and spending priorities were off-limits. When asked about this tension between idealism and political neutrality, HFA gave somewhat contradictory responses: "The political situation here is quite difficult, we need to be quite careful" said one member of staff. Yet in the same conversation, the blame was directed towards HFA itself: "Even the director [of the HFA office in Kebbi] is not really the director, our programme is all planned for us before we

arrive."[11] Another said "at the SACA meetings, we are always being asked for something, and you know, these are very good ideas - some small workshops or something, but our hands are tied, we cannot freelance"[12]. In short, they attributed their reticence to two factors: one was a pragmatic understanding that state government was ultimately a gatekeeper to their work, and they relied on its consent to continue. To be told to leave would be a professional disaster for the senior staff.

The second constraint – a subtle but powerful factor – was a pervasive form of upward accountability. A particular phrase captures this issue: '*it needs to be sent to Abuja'*. The 'it' being a report, form, spreadsheet or other document, and 'Abuja' meaning HFA's head office. Among the staff, the phrase was repeated almost mantra-like, to the point where its common usage became an in-joke.

For instance, HFA began a round of workshops training volunteers to give advice on drug adherence counselling – sessions to encourage patients to take their anti-retroviral drugs correctly, long recognised as a complex and important issue in HIV treatment (e.g. Rao et al. 2007). It quickly became clear to both the HFA staff and myself, as I sat in on these sessions, that the training was at too basic a level, and largely unnecessary as most of the participants had clearly already been well schooled on these issues at previous events. This may well be in part because these particular treatment-competent groups tended to contain few of the younger patients that are seen as especially challenging for drug adherence (Falang et al. 2012).

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[11] Interview, February 15th, 2011.

[12] Interview, February 13th, 2011.

Many participants suggested that instead of doing these superfluous workshops, could HFA not support the volunteer counsellors in a more practical way – for instance, by providing a small, regular transport allowance to allow those in rural clinics to fetch drugs from the city? Or by offering more specific treatment support – dietary tips, or advice on managing particular drug side-effects perhaps? HFA could not. The worksheets and detailed programme specifications had locked the HFA staff into inappropriate activities, preventing even minor deviations from the schedule.
Another example illustrates the costs of HFA's rigidity in a different setting. A group of doctors at one of Birnin Kebbi's main hospitals were planning a one-day workshop also on anti-retroviral drug adherence, this time as training for counsellors. Serendipitously, two HFA staff members had run a similar course elsewhere in Nigeria. The group of doctors approached HFA with a plan to expand the course to include a more detailed curriculum, more participants, and with sessions in smaller groups to take advantage of having more training staff.

The doctors – who had a strict budget of their own – suggested that HFA contribute to the cost of the workshop by paying the *per diems* for half of the thirty proposed participants, with the hospital budget covering the other half as well as the venue and other costs. These *per diems* would have been a very modest sum (perhaps US$50-70 in total) but again HFA regretfully declined the offer as the local staff had no discretion to authorise the spending.

Again, an opportunity to complete productive work that was in line with HFA's stated agenda was spurned. More consequentially in the long term, a chance was missed for hospital doctors and HFA staff to strengthen relationships, and creating future

opportunities to work together. I asked one doctor who told me one version of this story if HFA was particularly bad. No, he replied, the behaviour was typical – other NGOs are even worse because 'at least [HFA] are taking to us, and I can always reach them [on the phone], the others will not pick my calls – but still [HFA] are not joining us'.

In a setting where corruption is such a serious problem, it is perhaps a little churlish to object to this forensic mode of accounting. But as Harsh et al. (2010) have shown elsewhere, this mode of accountability has consequences beyond being merely a cumbersome administrative burden. It profoundly limits what can take place, and at worst can create organisations whose sole "mission [is] to provide accounts — financial records and success stories" (274). HFA staff openly acknowledged and lamented their self-imposed marginality. One said: "Of course, I would like to say more things [to the state government], and do something of the things they are asking for, but that is not what we do". Many staff members, it seemed, were willing and able to work 'with the grain' if allowed off the leash.

Individually, these examples may seem trivial, and reflect working practices flawed in a rather obvious manner – they were certainly obvious enough to greatly frustrate all parties. Taken collectively, however, the pattern across the organisation, aggregated to form a reliably wasteful way of operating. "These NGOs are always going to do their own small-small things", said one doctor, expressing a common acceptance that NGOs were almost wilfully marginalising themselves. Tellingly, when I discussed my impressions with doctors, workers at other NGOs and others besides, no one ever seemed surprised. Instead, people nodded with wry smiles of familiarity and frustration.

Conclusion

Even though the professionals discussed in this paper pursue similar goals, move in similar circles, and indeed often know each, they act through strikingly different strategies. The doctors are nimble enough to exploit opportunities (such as upcoming elections) and sufficiently deft to blend occasional confrontation with supportive engagement. They are skilled at moving between roles and registers – one day the dutiful supporter of the government, the next a public-minded physician ready to raise the alarm for his imperilled patients, the day after that, dutiful once more. They read the political situation skilfully, and are able to "capitalise on clientelism and rule-flexibility" (Kelsall 2011, 255).

Yet flexibility in tactics implies a concomitant flexibility in ethics. Their tactics can be and are used for the benefit of themselves, and for the broader public good – sometimes at the same time. This places doctors in an ambivalent position regarding the patrimonial state – the line between incrementally improving things and endorsing the status quo is fine one. They cannot be said to be meaningfully subverting or undermining it. It is plausible that the immediate gains they are attracting make more radical future improvements more difficult. But in light of the durability of patrimonialism as a political system in this context, it appears that going 'with the grain' is indeed the only effective strategy for encouraging reform.

The NGO, and others like it in the area, orientates itself towards the state very differently. The local expertise of the NGO staff is no match for an internationally driven mode of working that precludes the strategies used by doctors. Research

elsewhere suggests that this situation is by no means unique, with supposedly progressive organisations dominated by “management tools concerned with enforcing and regulating” (Powell and Seddon 1997, 7), or worse “apolitical institutions geared toward the process of donor funding cycles” (Igoe 2003, 863; see also Harsh et al. 2010).

Could such an NGO find developmental opportunities even in a political system that is a major cause of underdevelopment? Perhaps so, if they were willing to experiment with more flexible forms of accountability, ones which blend necessary rigour with discretion devolved to local officers (see Routley 2012 for a compelling example). Being able to improvise and adapt, and engage in petty *quid-pro-quos* could help build the “formal and informal channels of access to key political decision-makers” (Bratton 1990, 116) that are so crucial to effective advocacy.

Further exploration of what it means to work ‘with the grain’ will likely emphasis the context-specificity of the issue. The sheer variety in the nature and permanence of patrimonial states will lead to different conclusions to those presented here. In other states where institutions are evolving in different ways, a ‘good governance’ agenda and straitlaced NGO strategies may be far more appropriate. Elsewhere, in places more like Northern Nigeria, devising a mode of working that balances the understandable need of donors for clarity and accountability with complex, unpredictable and ethically murky realities will remain a formidable task.

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